Moving Permit Application





CITY OF LOWELL 216 NORTH LINCOLN STREET LOWELL, AR 72745 (479)770-2185 / FAX (479)770-2106

Division	Sig. = OK	Date
Site Inspection By:		
Application Approved By:		

Address of New Site:			<u> </u>
Address of New Site			
Owners Name:			
Owners Address:			
Contractors Name:			
Contractors Address: _			
Contractors Phone(s):			
Contractors License #_			Expires:
Height:	Width:	Length:	Date of Move:
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THIS PERMIT BECOMES NULL AND VOID IF THE MOVE IS NOT COMMENCED ON THE APPROVED MOVE DATE.I, THE APPLICANT; DO HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT; AND THAT I HAVE THE AUTHORITY TO MAKE THIS APPLICATION. ALL PROVISIONS OF LAW AND ORDINANCES GOVERNING THIS TYPE OF WORK WIll BE COMPLETED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORTIY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY O'THER FEDERAL, STATE OR LOCAL LAW.

NOTE: TO SCHEDULE INSPECTIONS CALL 479/770-2185, EXTENSION 650